



Native Addictions Council of Manitoba

160 Salter St Winnipeg, MB R2W4K1
Phone (204) 586-8395 Fax (204) 589-3921

Residential Referral Package

Who We Are

Native Addictions Council of Manitoba is an indigenous owned and operated healing center that directly targets the addictions problems facing First Peoples in Manitoba. Our mission is to provide traditional healing for addictions through the holistic treatment of mind, body, and spirit. Our helpers, management and board of directors all have firsthand experience in dealing with the same challenges that face our clientele. It is by understanding our program participants that we may more effectively aid them in their healing and recovery.

As of February 21st, 2020, The Native Addictions Council of Manitoba has been in operation for 48 years and is an Accredited Health Service Provider. NACM has been accredited since 2000 and our current accreditation runs through 2022 Accreditation ensures that, for a treatment center, all contingencies are taken into consideration and all procedures are well documented. We are funded by both the provincial and federal governments.

The Native Addictions Council of Manitoba currently offers three programs as well as meetings that are open to the public. We offer a 7-week residential and outreach/day programs that run simultaneously. Our programming consists of individual counselling, traditional teachings, ceremonies, practices, parenting, and telehealth. We also offer the Cannabis Education Program which is new project that will provide Cannabis education-prevention for indigenous people in Winnipeg and surrounding areas.

How We Came to Be

The major motivation for the creation of the Native Alcoholism Council of Manitoba was a tragic, alcohol-related accident which occurred in 1968. On May 10, 1968 on Highway 59, south of Brokenhead, an accident claimed the lives of nine people. The lone survivor was confined to a wheelchair and thirty-three children were left orphaned. This incident was the latest in several alcohol-related cases that affected many native communities in Manitoba.

This accident highlighted the need for a more directed approach in dealing with Alcoholism in Native communities across Manitoba. On July 19, 1972, the Native Alcoholism Council of Manitoba was officially incorporated under Provincial Bill 74.

More about our history can be found on our website: www.nacm.ca



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Admission Criteria for NACM Residential Program

Native Addictions Council of Manitoba refers to our applicants as members or participants. Our language will reflect those terms through our packages, forms, and written communications.

Your referral package will be reviewed to ensure it is complete and all the required information is attached. From there, if your application meets the criteria, an intake worker will contact either you or your referral agent to discuss the program dates.

1. Applicants must be 18 years of age or older
2. Women who are more than 7 months into their pregnancy will not be eligible
3. Applicants must not be using high doses of methadone, OxyContin, or Oxycodone, either by prescription or without prescription.
4. Applicant must detox for 7-10 days prior to arrival.
5. Applicants must agree to sign a drug screening tool policy as we are a total abstinent program
6. Applicants must not be involved in any gang activity or currently in a correctional facility
7. Applicants must not have pending sexual offence charges.
8. All applicants must have medical conditions or injuries treated prior to admission to residential so as not to interfere with their programming.
9. All applications must submit a completed medical form prior to admission
10. Applicants who have been diagnosed with or are suspected of having serious mental health, will not be admitted but may be redirected to the appropriate resource.
11. NNADAP worker must complete ALL sections of this referral form.
12. ALL medications must be packaged in bubble packs upon arrival or they will not be accepted.

What the Participant Will Need to Bring:

- Towels (2) and facecloths (2)
- Toothbrush and toothpaste
- Soap, shampoo, and deodorant, pads/tampons
- Brush/comb
- Slippers or moccasins
- Phone card and/or money for the payphone
- Alarm clock/clock radio
- Change of clothes including Sleep wear
- If you are a smoker, please bring your own cigarettes to last your stay



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What NOT to Bring:

- Cell phones, tablets, iPads, earbuds, and no offensive or revealing clothing of any kind

What to Expect upon Arrival:

- All bags will be checked
- Bedding and rooms will be assigned
- Hand in all medication and bubble packs
- You will complete a welcome package with a counsellor
- You will be assigned a counsellor in which all requests going forward will be directed to assigned counsellor
- The first week will be orientation week to settle in and get comfortable and adjusted; getting to know each other, the building, the staff. There will be no visitors or outside phone calls during the first week
- Photo may be taken of you for your record

What You Should Know During Your Stay:

- NACM offers accommodations for participants who identify as LGBTQ +
- Drug screening will take place through-out your stay at NACM
- Any incidents of theft or vandalism will be reported, and the member will be held responsible for their actions
- NACM will not be responsible for lost or stolen money or property
- Wake up calls are available 7:00 AM on weekdays and 9:00 AM on weekends and holidays
- Completion letters will be provided to you on celebration day. If you do not receive one, please talk to your counsellor
- There are laundry facilities on site. Machines are to be kept clean. No laundry during group sessions. Laundry hours are Monday to Friday 3:00PM to 10:30PM and weekends 8:00AM to 10:30PM.
- The gym hours are posted on the gym doors. Exercise equipment should not be used unless another member or staff is present and is only available between program sessions
- All belongings left behind will be held for 7 days and then will be donated
- On the last day of program, all bedding must be turned in. Participants are responsible for cleaning their room, taking out all garbage and making sure you have all your personal belongings that you came with
- Random room checks may take place through out your stay



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Rules and Responsibilities While you are Here:

- Members are expected to be on time and participate in all programming
- No food or open cups allowed in the morning circle or any group sessions and programs
- No cell phones, tablets or earbuds, games or laptops are permitted for the duration of your stay. If you bring them, they will be kept in a locked, safe place until you leave
- Any outside appointments must be approved by your counsellor and an accountability form will be required
- Members who abuse substances on site or bring paraphernalia into the center will be removed and discharged from the program
- Smoking is not permitted inside the building; use the designated area outside.
- Members are responsible to keep all areas clean; no cigarette butts on the ground, no trash on the grounds and pick up after yourself
- Members will not engage in romantic or sexual relationships with visitors, staff or other members in program
- Male and female members are at no time allowed on each other's floors or in each other's rooms
- Physical, verbal, and emotional abuse of members, staff or visitors will not be tolerated
- The front door is locked at all times and members will need to ring the doorbell for access
- The building is closed between 11:00 p.m. and 6:00 a.m. daily. Members will not be permitted to exit the building for smoking between these hours
- Members are not to open the front door for anyone unless directed to do so by NACM
- There are guidelines in the kitchen to adhere to regarding mealtimes and duties
- Members are asked to wear footwear at all times, clean, and non-revealing clothing
- Leaving the program early will result in a non-completion of program and members are responsible for their own travel arrangements and costs
- No overnight or weekend passes will be permitted, and members are not permitted to leave the premises during the 7-week program

Member Signature

Date

Referral Signature

Date



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Consent to Share Treatment Information

Native Addictions Council of Manitoba (NACM) staff will not disclose information received in confidence without written permission of our participant

Your information will always be handled in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA)

The purpose of this consent is to obtain your permission regarding collecting and sharing information in the AMIS (addiction management information system) database. AMIS does three things:

- It collects aggregate information to allow us to make program improvement and treatment decisions for the community we serve
- It provides a more secure electronic method for us to transfer confidential health information about you to other centers that are or will be treating, you and/or request your information
- It allows other centers to electronically disclose their confidential health information about you to us if we request your information for your healing with us

I _____ hereby authorize the NACM to release and obtain information relevant to my assessment and healing journey with other treatment centers.

An NACM counsellor has gone through this information with me and I understand it

APPLICANT NAME (PLEASE PRINT)

DATE

APPLICANT SIGNATURE

COUNSELLOR/REFERRAL SIGNATURE



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Referral Source

External

Internal

Self

Name: _____

Position: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

1. Applicant's stage of readiness: (check which applies)

- Pre-contemplation - not considering change
- Contemplation - Unsure of whether or not to change, chronic indecision
- Determination - preparation; committed to changing behavior within one month
- Action - Begin changing behavior
- Maintenance - Behavior change has persisted for 6 months or more

2. List the programs and services available in your community for aftercare or follow up for this applicant

- a. _____
- b. _____
- c. _____
- d. _____

3. List family /friends/community supports for this applicant?

- a. _____
- b. _____
- c. _____
- d. _____



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Personal Information

Date of application _____ Date of Birth: _____

Full Name: _____

Nickname or other name known by: _____

Gender:

Female _____ Male _____ LGBTQ + _____ Other _____

Address: _____ City: _____

Province: _____ Postal Code: _____

- | | |
|---|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Couch Surfing |
| <input type="checkbox"/> Without a Home | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Transient | <input type="checkbox"/> other |

Phone: _____ Email _____ Facebook _____

Manitoba Medical Card # _____ PHIN: _____

Status:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Metis | <input type="checkbox"/> Non-Status |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Other |
| <input type="checkbox"/> First Nation | _____ |

F.N. Community: _____

Band Number _____

Language preferred: _____

Languages spoken: _____



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Source of Income:

- Employment and Income Assistance (Welfare)
- Unemployment Insurance
- Employment
- Unemployed
- School
- Other _____

Level of Education: _____

Family Relationships

Marital Status:

- Single
- Married
- Common-Law
- Other _____

Does applicant have dependent children? (*Circle one*) YES or NO

If yes, do they have access to adequate childcare while in treatment? (*Circle one*).....YES or NO

Are the children in care? (*Circle one*)..... YES or NO

Does the applicant have other dependents? (*Circle one*)YES or NO

Provide information on applicant's children/dependents:

NAME	AGE	RELATIONSHIP



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Next of Kin in Case of Emergency:

- Name: _____
- Address: _____
- Phone: _____
- Relationship to you: _____

Applicant's Substance Use

Preferred Substance: _____

Last substance used: _____

When last substance was used: _____

Has applicant been to detox: _____ YES _____ NO _____ (circle one)

If yes, when: _____

Has the applicant experienced any of the following withdrawal symptoms: (check all that apply and describe)

- Shakes _____
- Paranoia _____
- Seizures _____
- Nausea/Vomiting _____
- Blackouts _____
- Hallucinations _____

Treatment History

DATE	TREATMENT CENTER	TYPE OF ADDICTION	DID YOU COMPLETE



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Reason for currently requesting treatment *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> C.F.S. Order | <input type="checkbox"/> Life out of control |
| <input type="checkbox"/> Taking a break | <input type="checkbox"/> Family |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Probation Order |

Legal Status

Has applicant been court ordered to attend treatment? (Circle one) YES / NO

If yes provide details: (attach copies of court documents if possible)

Is applicant under any of the following conditions?

- Bail
- Probation
- No contact order (if so, with who) _____

Mental Health Issues:

	Yes or No	DESCRIBE
Been diagnosed with mental illness?		
Currently being treated		
Currently on psychiatric medication		

- Previous suicide attempts
 - If yes when? _____
- Hospitalized for suicide attempts:
 - If yes, when? _____
- Currently Suicidal



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Process/Behavioral Addictions:

Has applicant experienced problems with any of the following?

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Internet/texting |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shopping | |
| <input type="checkbox"/> Sex | |

Other Issues or Needs:

Does participant have cultural and/or spiritual needs or issues we need to be aware of?

Does participant have any literacy or learning needs or issues we need to be aware of?

Are there any other significant issues we need to be aware of? (describe)

Referral Declined by NACM due to:

- | | |
|---|---|
| <input type="checkbox"/> Gang affiliation | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Sexual assault charges | <input type="checkbox"/> Severe mental health |
| <input type="checkbox"/> Referred to other: (list/describe) | |

Referral Cancelled By:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> NNADAP worker | <input type="checkbox"/> NACM intake |
| <input type="checkbox"/> CFS worker | <input type="checkbox"/> Self |
| <input type="checkbox"/> Probation officer | <input type="checkbox"/> Other _____ |

NOTES:



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MEDICAL ASSESSMENT

(To be completed by MD, NP OR RN)

Personal Identification:

First Name: _____ Last Name: _____

Date of Birth: Year _____ Month _____ Day _____

Gender: (check which applies)

Female _____ Male _____ LGBTQ + _____ Other _____

Provincial Health Number: _____

Treaty Number: _____

Informed Consent Must Be Completed with Applicant:

I, (applicant name) _____ give permission to _____

to release medical facts and assessment about myself to Native Addictions Council of Manitoba.
The photocopy of my signature on this form is as valid as the original.

Applicant signature _____ Date: _____

To the Health Care Provider:

Ensure the medical assessment form is completed legibly and in layman's terms.

Native Addictions Council of Manitoba requires an applicant to have a complete medical assessment prior to admission

The applicant should not require acute medical care at the time of admission to Native Addictions Council of Manitoba. Diseases are to be under control, especially communicable diseases.

The drug and alcohol treatment programs require a participant to be physically and mentally capable of intense group and individual counselling. Participation is expected in all aspects of the program.



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Medical History:

Please indicate whether the applicant has or had any history of the following:

	Medication	Duration	Prescribing Doctor
Allergies/ Reactions:			
High Blood Pressure			
High Cholesterol			
Diabetes			
Asthma			
Heart disease/Stroke			
Head Injury			
Skin Condition			
Scabies, Lice, Impetigo			
Sexual Transmitted Infections			
Hepatitis			
HIV			
Pregnancy (EDC)			
Methadone			
Sleeping Disorders			
Other Conditions, explain			

Mental Health/Illness:

Anxiety/Panic Attacks			
Bipolar Disorder			
Depression			
Schizophrenia			
Suicidal Ideation			
Other Conditions, explain			



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Tuberculosis Screening:

Recent contacts to TB: Yes _____ No _____

Tuberculin Skin Test Yes _____ No _____

Signs and Symptoms of active TB:

Coughing Yes _____ No _____ Blood in Sputum: Yes _____ No _____

Night Sweats Yes _____ No _____ Fever: Yes _____ No _____

Loss of Appetite: Yes _____ No _____ Unexplained weight loss Yes _____ No _____

Are you aware of current or recent medical problems which may require follow-up while client is in treatment?

If yes, please explain:

Follow-up appointment date & time:

Name: _____

(Health Care Provider)

Address: _____

City: _____ Province: _____

Telephone: _____

Fax: _____

Office Stamp

(Health Care Provider Signature)

(Date)